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	E ADDRESS (Note: Use Block 1 for		2	Fee(s) Transmittal. Tl	his certificate can nal paper, such a	annot be used i as an assignme	or domestic mailings of the for any other accompanying ent or formal drawing, must
R. Neil Sudol 714 Colorado Aver Bridgeport, CT 066	nue		9 4 . 3	hereby certify that to states Postal Service addressed to the Ma ransmitted to the US	ertificate of Ma this Fee(s) Tran with sufficient all Stop ISSUE PTO (57/) 273-	iling or Trans smittal is being postage for fir FEE address 2885, on the c	smission g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.
		1	DEMAT	Curtis \$c	brandt		(Depositor's name)
			[by/		(Signature)
			Į	Aug.22, 2	00 6		(Date)
APPLICATION NO.	FILING DATE	FIRST	FIRST NAMED INVENTOR			OOCKET NO.	CONFIRMATION NO.
10/801,283	03/16/2004	Gregory Piskun			P29-	nc 6666663 7 ·005	040036 10001263 3044
TITLE OF INVENTION: HEMORRHOIDS TREATMENT METHOD AND ASSOCIATED INSTRUMENT ASSEMBLY INCLUDING ANOSCOPE AND DO COFUNCTIONING TISSUE OCCLUSION DEVICE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE		TOTAL FE	E(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$0	\$7	00	09/20/2006
EXAMINER		ART UNIT	CL	CLASS-SUBCLASS			
KASZTEJNA, MATTHEW JOHN		3739	3739 600-105000		_		
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicat	e address or indication of "Fedence address (or Change of 622) attached. tion (or "Fee Address" Indicator more recent) attached. Use	Correspondence (1) or (2) reg of a Customer 2 r	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 R. Neil Sudol 2 Henry D. Coleman 3 William J. Sapone				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
4a. The following fee(s) are Since Issue Fee	enclosed:		b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed.				
	mall entity discount permitte		Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of	⊠ T:	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number $0.4 - 0.838$ (enclose an extra copy of this form).					
5. Change in Entity Status (from status indicated above)							
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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Authorized Signature							
Typed or printed name	R. Neil St	ıdol	Registration No31,669				
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